

<i>SERFF Tracking Number:</i>	<i>AMMS-126548419</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>45225</i>
<i>Company Tracking Number:</i>	<i>MGR04394</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002A Large Group Only - PPO</i>
<i>Product Name:</i>	<i>Association Group</i>		
<i>Project Name/Number:</i>	<i>MGR04394/MGR04394</i>		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

TOI: H16G Group Health - Major Medical

SERFF Tr Num: AMMS-126548419 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45225

Sub-TOI: H16G.002A Large Group Only - PPO Co Tr Num: MGR04394

Filing Type: Form

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/01/2010

Authors: Pat Allison, Deb Paris

Date Submitted: 03/22/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04394

Project Number: MGR04394

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our
domiciliary state of Indiana on March 19, 2010.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 04/01/2010

Explanation for Other Group Market Type:

State Status Changed: 04/01/2010

Deemer Date:

Created By: Pat Allison

Submitted By: Pat Allison

Corresponding Filing Tracking Number:

Filing Description:

The enclosed matrix paragraphs are submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule intends to issue these forms in conjunction with previously approved policies and certificates delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group. These benefits will be incorporated in the Illinois base policy/certificate and will therefore be provided to all certificateholders insured under the applicable policies, regardless of their state of residence.

Addition of these paragraphs will enable Golden Rule to offer prescription drug copay coverage in conjunction with our HSA plans.

To the best of my knowledge, these forms comply with the statutory and regulatory requirements of your state. The

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required documents are enclosed, accordingly.

If you should have any questions concerning this filing, please feel free to contact Policy Compliance toll free at 800-926-7602 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: dlparis@goldenrule.com.

Company and Contact

Filing Contact Information

Debra Paris, Manager
7440 Woodland Drive
Indianapolis, IN 46278-1719
dlparis@goldenrule.com
800-926-7602 [Phone] 7771 [Ext]
317-328-9645 [FAX]

Filing Company Information

Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, IN 46278
(800) 926-7602 ext. [Phone]
CoCode: 62286
Group Code: 707
Group Name:
FEIN Number: 37-6028756
State of Domicile: Indiana
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$105.00
Retaliatory? Yes
Fee Explanation: \$35 per form x 3 forms = \$105.00
Paid via EFT.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$105.00	03/22/2010	35056556

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/01/2010	04/01/2010

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Disposition

Disposition Date: 04/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name:	Association Group		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Outpatient Prescription Drug Expense Benefits	Approved-Closed	Yes
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Form Schedule

Lead Form Number: MGR04394

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/01/2010	MGR04394	Policy/Cont Outpatient ract/Fratern Prescription Drug al Expense Benefits Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.140	MGR04394 Form.pdf
Approved-Closed 04/01/2010	MGR04395	Policy/Cont Outpatient ract/Fratern Prescription Drug al Expense Benefits Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.140	MGR04395 Form.pdf
Approved-Closed 04/01/2010	MGR04396	Policy/Cont Outpatient ract/Fratern Prescription Drug al Expense Benefits Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.140	MGR04396 Form.pdf

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]

MEMBER PHARMACIES: For *covered expenses* incurred at a *member pharmacy* when a *prescription drug card* is used, we will pay the charges at the negotiated rate, subject to the *deductible amount*, and the *prescription drug copayment amount* shown in Section 1.

NON-NETWORK PHARMACIES: For *covered expenses* that are not incurred at a *member pharmacy* and for *covered expenses* incurred at a *member pharmacy* when *your prescription drug card* is not used, charges will be limited to the *predominant reimbursement rate*, subject to the *deductible amount*, and the applicable *prescription drug copayment amount* shown in Section 1. This may be less than the expense incurred by the *covered person* for the *prescription order*.

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]

[**DEFINITIONS:** As used in this provision, the following terms have the meanings set forth below:]

"*Prescription drug copayment amount*" means the amount to be deducted from the total *covered expense* incurred for each separate *prescription order*.

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]

[**DEFINITIONS:** As used in this provision, the following terms have the meanings set forth below:]

"*Ancillary charge*" means the additional charge incurred by the insured when two drugs are *chemically equivalent* and the higher-tiered drug of the two is dispensed. In addition to the *prescription drug copayment amount* that applies to the lower-tiered drug, the insured is responsible for an ancillary charge of the difference between the cost of the lower-tiered drug and the higher-tiered drug dispensed.

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/01/2010
Comments:			
Attachment:			
C006.3 P006.3 Readability 3 2010.pdf			
		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	04/01/2010
Bypass Reason:	Does not apply to this filing.		
Comments:			

Certification of Reading Ease

RE: Form (s) P-006.3 et al

C-006.3 et al

Golden Rule Insurance Company, by Julie Vanstraten, its Vice President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: P-006.3 et al (59.06)
C-006.3 et al (59.14)
2. The above is printed (except for : specification pages, schedules, tables and, with regard to any application, minor instructions concerning preparation) in not less than ten point type, one point leaded.
3. All text has been included in arriving at the above score(s), except for the following: Headings, italicized words, and form numbers.
4. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #3 above.
5. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All
6. The above form(s) will be used in:

<input type="checkbox"/> individual health insurance	<input type="checkbox"/> individual life insurance
<input checked="" type="checkbox"/> group health insurance	<input type="checkbox"/> group life insurance

March 16, 2010

Date



Julie Vanstraten
Vice President, General Counsel